2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND PYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # **P98000068440** May 10, 2000 8:00 am Secretary of State 1. Entity Name ROGER BASS AUTO BODY, INC. 05-10-2000 90141 012 ***150.00 Principal Place of Business Mailing Address 460 W STATE RD 434, SUITE 100 460 W STATE RD 434. SUITE 100 LONGWOOD FL 32750-4920 LONGWOOD FL 32750 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3538573 Not Applicable Country Zìp \$8.75 Additional Country 5. Certificate of Status Desired Fee Required -7. Name and Address of New Registered Agent -6. Name and Address of Current Registered Agent Name MAHAFFEY, JOHN D JR Street Address (P.O. Box Number is Not Acceptable) 3113 LAWTON RD, SUITE 225 ORLANDO FL 32803 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. D TITLE ☐ Change Addition Delete TITLE BASS, ROGER D NAME NAME STREET ADDRESS STREET ADDRESS 1311 E PINELOCK AVE CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32750 ☐ Addition Delete TITLE ☐ Change TITLE NAME BENNETT, DARYL STREET ADDRESS STREET ADDRESS 104 FOREST CIRCLE City-St-7iP CITY-ST-ZIP ORLANDO FL 32803 ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

4-26-00

Daytime Phone #